



MONTANA
SCHOOL *for the*
Deaf & Blind

giving kids the building blocks to independence

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RELEASE FORM
MSDB Enrichment/Goalball Weekend
Date: _____

Name _____
Last First Middle

I, the undersigned, hereby request permission to attend the MSDB Enrichment/Goalball Weekend,
_____ (date). I represent and warrant that I am physically and mentally fit.

I acknowledge that I will be attending at my own risk and I hereby release, discharge and indemnify Montana School for the Deaf and the Blind (MSDB) and their agents from all liability for personal injury or damage to property. _____ (initial please)

I grant permission to MSDB to utilize any likeness, voice and words pertaining to myself in television, radio, films, newspaper, or other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Association and/or in appealing for funds to support such activities. _____ (initials please)

In the event of necessity, the person in charge of the Goalball /Enrichment Weekend is authorized on my behalf and at my account to take such measure and make arrangements for such medical and hospital treatment as deemed advisable for my health and well-being. _____ (initial please)

Name of home physician _____ phone _____

Clinic name _____ address _____

List insurance providers including medicaid:

#1 _____ ID/Group # _____

#2 _____ ID/Group # _____

If under eighteen years of age, must be signed and initialed above by parent or legal guardian.

Signature of parent/guardian _____

Date _____ Home telephone (____) _____